

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Yasuo MORITMOTO et al.  
Title: SIDE EFFECT-RELIEVING AGENTS AND/OR HYPOGLYCEMIC  
EFFECT ENHANCERS FOR THIAZOLIDINE COMPOUNDS  
Appl. No.: Unassigned  
Filing Date: February 6, 2004  
Examiner: Unknown  
Art Unit: Unknown

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Yasuo MORIMOTO  
Tomoko MAEGAWA

Enclosed are:

- [ X ] Specification, Claim(s), and Abstract (24 pages).
- [ X ] Preliminary Amendment.
- [ X ] Information Disclosure Statement.
- [ X ] Form PTO/SB/08 with copies of 10 listed reference(s).
- [ X ] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00	=	\$770.00
Total	20	-	20	=	0	x	\$18.00	=	\$0.00
Claims:									
Independents	2	-	3	=	0	x	\$86.00	=	\$0.00
If any Multiple Dependent Claim(s) present:					+		\$290.00	=	\$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration and late payment of filing fee					+		\$130.00	=	\$130.00
							SUBTOTAL:	=	\$900.00
[ ]							Small Entity Fees Apply (subtract ½ of above):	=	\$0.00
							TOTAL FILING FEE:	=	\$900.00

- [ ] A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [ X ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [ ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date February 6, 2004

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By 

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